



King County

Family and Medical Leave Act (FMLA) ♦ King County Family and Medical Leave (KCFML)

# Leave Request Response

- The leave-granting authority must complete this form as soon as possible in response to a request for FMLA leave/KCFML.
- When complete, authority must provide copy of this form to the employee and Benefits Operations, Exchange Building EXC-ES-0300, 821 Second Ave., Seattle 98104-1598 (phone 206-684-1556, fax 206-684-1925).
- If employee's leave has already begun, forms must be mailed to employee's address of record.

## Requester

Employee \_\_\_\_\_ Soc Sec No \_\_\_\_\_

☐ Non-represented ☐ Represented Eligible under: ☐ FMLA ☐ KCFML ☐ Both

If represented, bargaining unit: \_\_\_\_\_ (Note: Special bargaining unit provisions may apply to leave request.)

## FMLA Leave

- ☐ Approved For: ☐ Employee's own illness
- ☐ Provisionally approved (see medical certification section below) ☐ Employee's on-the-job injury
- ☐ Denied because employee: ☐ Care of family member per FMLA
- ☐ Has not been employed by county for at least 12 months
- ☐ Has not worked for the county for the required hours (depending on regularly-assigned work schedule) in 12 months immediately preceding start of leave
- ☐ Has used all 12 weeks of FMLA entitlement in the 12 months immediately preceding current leave request
- If employee works required hours, he/she could become eligible again for FMLA leave on (date) \_\_\_\_\_
- ☐ Has requested leave to care for an individual not covered under provisions of FMLA

## KCFML Leave

- ☐ Approved For: ☐ Employee's own illness
- ☐ Provisionally approved (see medical certification section below) ☐ Employee's on-the-job injury
- ☐ Denied because employee: ☐ Care of family member per KCFML
- ☐ Is member of collective bargaining unit that has not adopted KCFML
- ☐ Has not been employed by county for at least 12 months
- ☐ Has not worked for the county for the required hours (depending on regularly-assigned work schedule) in 12 months immediately preceding start of leave
- ☐ Has used all 18 weeks of KCFML entitlement in the 12 months immediately preceding current leave request
- If employee works required hours, he/she could become eligible again for KCFML on (date) \_\_\_\_\_
- ☐ Has requested leave to care for individual not covered under provisions of KCFML.

## Leave of Absence Without Pay Option

If FMLA/KCFML leave request denied, employee is ☐ Approved ☐ Not approved for leave of absence without pay.

## Medical Certification Form

- ☐ Form submitted (date) \_\_\_\_\_ is sufficient
- ☐ Form not yet received; employee must provide form by (date) \_\_\_\_\_ \*
- ☐ Form submitted (date) \_\_\_\_\_ not sufficient; employee must resubmit by (date) \_\_\_\_\_ \*
- Form attached. See highlighted areas and following comments for information required:

- ☐ Employee must submit additional forms (indicate frequency) \_\_\_\_\_ \*
- ☐ Second medical certification by another health care provider required (second certification paid for by the county)

**\*If medical certification not submitted as required, start of leave may be delayed. If employee already absent from work, leave may not be treated as approved FMLA/KCFML.**

- ☒ If leave due to own serious health condition, employee must submit new Medical Certification Form before prior certification expires or when requested by supervisor if employee extends leave to maximum
- ☒ If leave due to own serious health condition, employee must submit fitness-for-duty medical release before returning to work (if release is not received, return to work may be delayed)
- ☒ If employee needs disability accommodation services to return to work or perform job, employee must notify supervisor or personnel representative and contact the King County Disability Services Office at 206-263-4507 (684-1204 for Local 587 employees).

## Benefits

- ☒ While on approved FMLA/KCFML, employee receives same county-paid health benefits (medical, dental, vision) he/she had when on active paid status immediately prior to beginning leave; if employee normally pays a portion of health benefits through payroll deduction, employee will be notified regarding alternative arrangements for paying to continue coverage
- ☒ Employee must contact Benefits Operations (kc.benefits@metrokc.gov, phone 206-684-1556, fax 206-684-1925) to continue any self-paid **enhanced** life/AD&D/long term disability coverage if on FMLA/KCFML for more than 31 days
- ☒ Employee must contact Benefits Operations when own and donated paid leave exhausted to continue **basic** life/AD&D/long term disability coverage

## Accruals and Entitlements

Employee has \_\_\_\_\_ sick leave hours and \_\_\_\_\_ vacation leave hours as of (date) \_\_\_\_\_

- ☒ Employee must use all accrued sick leave for own medical condition before taking unpaid leave
- ☒ Employee may use accrued sick leave for qualified family reasons, but must decide at beginning of FMLA/KCFML whether it is paid or unpaid; if employee elects paid leave, employee can reserve accrued sick leave up to 80 hours
- ☒ Employee may use accrued vacation leave after exhausting accrued sick leave with leave-granting authority approval

By employee's **initials with date**, employee has elected to:

- ☐ Go on unpaid leave for qualified family reason ▶ \_\_\_\_\_
- ☐ Use accrued sick leave for qualified family reason ▶ \_\_\_\_\_
- ☐ No ☐ Yes Reserve up to 80 hours of accrued sick leave  
(if "yes," indicate hours with initials and date) ▶ \_\_\_\_\_
- ☐ Use accrued vacation for qualified family reason ▶ \_\_\_\_\_

Vacation use approved by \_\_\_\_\_  
Authorizing Authority Signature Date

If vacation use denied, reason \_\_\_\_\_

In the 12 months prior to the leave start date indicated on **Leave Request Form**, employee has used:

\_\_\_\_\_ weeks of 12-week FMLA entitlement and has ☐ \_\_\_\_\_ weeks remaining ☐ 0 weeks left/FMLA doesn't apply  
\_\_\_\_\_ weeks of 18-week KCFML entitlement and has ☐ \_\_\_\_\_ weeks remaining ☐ 0 weeks left/ KCFML doesn't apply

## Key Dates

Complete dates for FMLA/KCFML as approved and applicable based on employee elections and entitlements. KCFML, if approved, begins the first work day after employee exhausts own sick and vacation leave -- donated sick leave does not apply. Donated leave maintains paid status during FMLA/KCFML and continuation of same county-paid health benefits (medical, dental, vision) employee had during FMLA/KCFML if leave extends beyond FMLA/KCFML entitlement.

\_\_\_\_\_ Employee's last day at work  
\_\_\_\_\_ FMLA begins (first workday after employee's last day at work)  
\_\_\_\_\_ FMLA ends (12 or less work weeks after FMLA begins, based on employee's entitlement)  
\_\_\_\_\_ KCFML begins (first work day after employee exhausts own sick and vacation leave per elections)  
\_\_\_\_\_ KCFML ends (18 or less work weeks after KCFML begins, based on employee's entitlement)  
\_\_\_\_\_ Employee's anticipated return to work  
\_\_\_\_\_ First day on unpaid status (pre-leave health benefits end the first of the month following either the day FMLA/KCFML ends or the day the employee goes on unpaid status, whichever is later)

## Additional Employee Responsibilities

- ☒ Employee must notify leave-granting authority if and when circumstances of leave change
- ☒ Employee must notify leave-granting authority at least two days before date employee intends to return to work
- ☒ Failure to notify or provide medical certification and releases as required may affect employee's employment status and right to return to work. For more information, employee may contact his/her human resources representative:

\_\_\_\_\_  
*I am authorized to approve FMLA/KCFML. I will provide copies of this completed form to Benefits Operations and the employee and notify both if and when there are changes to the circumstances of the leave.*

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Printed Name \_\_\_\_\_ Mail Stop \_\_\_\_\_

Contact Phone (\_\_\_\_\_) \_\_\_\_\_ Date Copies Sent \_\_\_\_\_